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Commission on Narcotic Drugs
Fifty-seventh session
Vienna, 13-21 March 2014
Item 4 of the provisional agenda*
General debate of the high-level segment: progress achieved and challenges in implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Written statement submitted by the Vienna NGO Committee on Drugs

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.7/2014/1.

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Written statement submitted by the Vienna NGO Committee on Drugs*

We welcome the opportunity to contribute to the mid-term review of the 2009 Political Declaration and Plan of Action. This statement is submitted on behalf of members of the Vienna NGO Committee on Drugs (VNGOC) in consultative status with the Economic and Social Council of the United Nations and is supported by members of the VNGOC and other NGOs without consultative status.[1] Together they have staff, volunteers, supporters and members who represent millions of citizens around the world, citizens who at local, national and international levels seek to implement the ideals and ambitions contained in United Nations international instruments.[2]

We recognize a number of achievements since adoption of the Political Declaration and Plan of Action in 2009 but these have been limited. Many challenges remain, requiring a focused commitment engaging all stakeholders[3] in implementing evidence-informed responses to the global drug problem.

It is welcome that many Member States have adopted a national drug plan and involved or consulted NGOs and affected populations in its development and implementation. However, one in five States excluded NGOs and almost half excluded affected populations despite the fact that NGOs were major providers of prevention, treatment, care, harm reduction and recovery[4] services, and affected populations need to be engaged if many of the objectives of the plan were to be attained. Moreover, many national plans appear to be unbalanced, emphasizing only a small number of measures while other aspects of the drug problem, important from the experience of NGOs, are overlooked, inadequately dealt with or not included. It is also unfortunate that many national plans lack clear and measurable objectives to provide the basis for improving effectiveness.

We call upon Member States to use the experience and expertise of civil society in the future development, implementation and evaluation of drug policies at a national and international level.

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* The present statement is reproduced in the form in which it was received.

[1] A list of signatories can be found at the end of this statement.

[2] Including the Charter of the United Nations, the Universal Declaration on Human Rights, the Constitution of WHO, the Convention on the Rights of the Child the Convention on the Elimination of All Forms of Discrimination against Women, the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances, the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Declaration on the Rights of Indigenous People and the Declaration of Commitment on HIV/AIDS.

[3] Member States, international organizations, civil society — in particular NGOs and affected populations.

[4] Which is understood as the achievement of the highest possible level of personal and social health.

Demand reduction and related measures

Achievements

Some achievements show progress towards the 2009 Political Declaration and Plan of Action but most are inadequately implemented.

Evidence-informed interventions have been instrumental in preventing illicit drug use, supporting individual and public health, and assisting people achieve recovery. We also note the reduction in the use of some drugs in a number of countries, but draw attention to the rapid increase in the availability and use of new synthetic/psychoactive drugs, the increase in drug dependence and continuing health harms to drug injectors and the illicit use of prescription drugs. There has been progress in the collection of comparable data but consistency and comparability needs to be further strengthened at international level.

We welcome the increased provision of prevention, treatment, care, harm reduction and recovery services but note that the level of provision remains too low and that, for the majority of those in need, services are not available or cannot be accessed. We also welcome the work of some Member States in cooperation with UNODC to replace compulsory drug detention and rehabilitation centres with community-based services providing evidence-informed drug dependence treatment and HIV and TB prevention, treatment, care and support. The increasing availability of evidence-informed alternatives to conviction and/or punishment for drug law offences, as provided for in the international drug control conventions,[5] including a range of mechanisms for diversion into appropriate social and health programmes at the pretrial, pre-conviction and post-convictions stages, and the provision of care and treatment programmes for those in prison and those leaving the system, have provided opportunities for effective interventions.

Challenges

NGOs have identified major challenges requiring serious consideration by the Commission. These directly impact on the ability to reach objectives identified in the 2009 Political Declaration and Plan of Action.

In many countries there is no systematic support to develop, implement and sustain interventions[6] in line with the Political Declaration and Plan of Action. This is despite resolutions adopted by the Commission that say the right things but are then left to languish with no real action behind them. There is need for a more systematic review and follow up on resolutions adopted — especially so in the area of drug demand and harm reduction.

While demand reduction and related services are declared a political priority, evidence shows that provision is severely constrained due to lack of resources and political support. Where there is evidence of some activities, rarely do they represent the entire continuum offering pathways to achieve the best possible levels

[5] Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961, Article 36, para. 1. b; Convention on Psychotropic Substances, 1971, Article 22, para. 1. (b); United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, Article 3, para. 4. (c) and (d).

[6] Prevention, treatment, care, harm reduction and recovery services.

of personal and social health. In consequence, internationally agreed targets including elements of the Millennium Development Goals, those established by the Political Declarations and associated Plans of Action adopted in 1998 and 2009 and those established by the United Nations General Assembly Special Sessions on HIV/AIDS, will not be achieved.

Access to essential medicines[7] remains poor despite the work of the World Health Organization, INCB and UNODC to improve access. As a result, millions of people are not able to receive appropriate pain relief and/or treatment for drug dependence despite the commitment made in the 1961 and 1971 Conventions.[8]

Priorities

The Commission and Member States should consider a number of specific actions:

(1) Prioritize and expand the application of evidence-informed tools, policies and structures[9] which are appropriately gender and culturally specific, in support of drug demand and harm reduction objectives, and reaffirm commitment to expand the provision of interventions and to remove barriers to access.

(2) Prioritize dedicated and sustainable funding for demand and harm reduction activities at the national and international levels, based on strategic objectives consistent with evidenced-informed interventions and human rights best practice and with the systematic involvement of NGOs.

(3) Regularly follow up and review the state of implementation of CND resolutions at national level but also with UNODC and with the involvement of NGOs and affected populations.

(4) Initiate a dialogue with NGOs, affected populations and other relevant parties on the objectives of the Political Declaration to identify good practices, gaps to be addressed and a specific plan to correct these.

(5) Work with the mandated international health and drug control agencies to identify barriers that limit access to essential medicines and eliminate them as a matter of urgency.

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[7] As listed by the World Health Organization in the 18th WHO Essential Medicines List and the 4th WHO Essential Medicines List for Children updated in April 2013.

[8] Preamble, 1961 and 1971 Conventions.

[9] Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the United Nations General Assembly Special Session, 1998; WHO, UNAIDS and UNODC Position Paper — Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. Geneva, WHO 2004; WHO, UNAIDS and UNODC Policy Brief: Reduction of HIV Transmission in Prisons, Geneva, WHO, 2004; WHO, UNAIDS and UNODC Policy Brief: Provision of sterile injecting equipment to reduce HIV transmission. Geneva, WHO, 2004; Office of the High Commissioner for Human Rights (OHCHR) and UNAIDS — International Guidelines on HIV and Human Rights, Consolidated Version 2006; WHO, UNODC, UNAIDS Technical Guide (for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users), 2009; UNODC and the promotion and protection of human rights, 2012; UNODC International Standards on Drug Use Prevention, 2013.

Supply reduction and related measures

Achievements

NGOs identified few real measures of supply reduction achievement. Some examples of improved practices were more consistent application of the law, reduction of the scale of coca and cannabis crops, and an enhanced focus on precursor chemicals. Also observed were moves to introduce better control of prescription drugs to reduce and prevent abuse.

In some instances, NGOs have observed police becoming more engaged in supporting demand and harm reduction — recognizing the limitations of only pursuing a supply reduction approach.

We note proposals for reform of current law enforcement-led approaches, such as witnessed in the Americas. We have also noted the development of innovative regulatory approaches to controlling "legal highs" and cannabis. These are important developments that need to be acknowledged, debated, monitored and evaluated so that lessons may be learnt for future drug control policy.

Challenges

NGOs have noted a number of issues limiting implementation of the supply reduction elements of the 2009 Plan of Action. Among the major challenges are corruption, bribery and general ineffective criminal justice systems. Political instability along with significant violence and problems flowing from the drug trade have also posed challenges, as have the economic and social problems facing many jurisdictions, including high youth unemployment. The trafficking of internationally controlled drugs via the Internet continues to be a challenge as this is difficult to police. The impact of changing trafficking routes on transit countries has been significant, as has been the lack of true alternative crop options for farmers. This situation has been exacerbated through a lack of funding needed to create self-sustaining alternative development programmes with greater involvement of indigenous people and civil society.

We consider that insufficient attention has been paid to the evaluation of supply reduction activities. These, like demand reduction programmes, need to be assessed using a range of measures and not be based exclusively on process indicators such as the number of arrests and seizures made or cooperation agreements reached.

Priorities

NGOs identified a number of priorities in this area:

(1) Place greater emphasis on demand and harm reduction and insist upon and ensure that these and supply reduction initiatives are better balanced against each other.

(2) Develop more robust systems than process measures alone to assess and evaluate supply reduction strategies and activities, such as measures of individual and social harm, drug availability, improved community safety and public health.

(3) Ensure that the international drug control system is adaptable to current realities using the full flexibility of the Conventions. CND should request UNODC,

in consultation with INCB, to give guidance on the alignment of domestic policies with international responsibilities. Member States should provide information on adjustments of their drug control system to all concerned. NGOs should be included in discussions at all stages, including the identification of impact (positive or negative) of any change.

(4) Initiate an honest and critical review of the different options available to respond to the global drug problem and its related issues. At present reviews are often superficial, agreed actions are not implemented and effective measures cannot be identified and replicated elsewhere.

(5) Give consideration to removing drug possession/consumption as a criminal offence and the expansion of non-penal alternative dispositions, and place greater focus on serious drug law offences in order to break the nexus between organized crime, terrorism, the sale of arms and drugs.

(6) Focus on new legal highs and their commensurate impact on traditional law enforcement practices, including the use of new regulatory models to address these substances.

(7) Provide additional support to alternative development programmes that have been assessed and shown to be effective with the active involvement of indigenous people and development NGOs.

Money-laundering and judicial cooperation

Achievements

This is an area in which NGOs are less engaged. Nevertheless, their broad experience provides the basis for our observations.

New legislation has been adopted to tackle money-laundering but implementation has been sporadic. There has been some improvement in regional and international cooperation but this is not universal. Significant barriers remain that undermine the effective implementation of legislation. The establishment of dedicated criminal justice bodies focused on fraud and money-laundering is welcome, as these appear to improve capacity to tackle organized criminal activity. There has been increased ability to freeze and seize the assets of those involved in drug trafficking and money-laundering. However, there is a need for greater transparency in the way the system works. There have also been advances in the provision of training and exchange programmes. Joint training between the different elements of the criminal justice system has been introduced which may increase the likelihood of successful prosecutions.

Challenges

A major concern is the undermining of the criminal justice and civil administration systems through corruption. In many countries legal arrangements and the multiple levels of government create conditions that permit corruption to develop.

The complexity of money-laundering operations and of the legislation intended to prevent and prosecute such criminal activity needs to be supported more effectively by improved training. In many countries those responsible for implementing the

legislation have neither the personnel nor the investigative resources to implement legislation, where it is in place.

A further challenge, especially for countries in development, has been the ability to engage with the international banking system and to identify and trace suspect transactions.

As Member States consider and review their national policy/strategy in response to drug misuse, there is a need for improved integration with other areas of policy, including the tax framework and banking/currency legislation.

Priorities

NGOs identified a number of priorities in this area:

(1) Enhance training for the judiciary and criminal justice officials with exchange visits and conduct this in tandem with human rights training to ensure just and equitable responses to identified offences.

(2) Promote further efforts to increase banking transparency and enhance international cooperation.

(3) Develop and introduce a structured programme of anti-corruption education at an early age combined with public awareness programmes.

Signatories

(Organizations in consultative status with the Economic and Social Council of the United Nations)

General

Academic Council on the United Nations System

Asia Crime Prevention Foundation

International Association of Lions Clubs

International Council of Women

International Federation on Ageing

Women's Federation for World Peace International

Zonta International

Special

African Action on AIDS

Asociación Proyecto Hombre (Spain)

Canadian Centre on Substance Abuse

Canadian HIV/AIDS Legal Network

Community Anti-Drug Coalitions of America

Dhaka Ahsania Mission (Bangladesh)

Dianova International

Fondazione San Patrignano (Italy)

Fundación Atenea Grupo (Spain)

Intercambios (Argentina)

International Association of Applied Psychology

International Association of Democratic Lawyers

International Commission of Catholic Prison Pastoral Care

International Federation of Non-Government Organizations for the Prevention of Drug and Substance Abuse

International Federation of Social Workers

International Federation of University Women

International Harm Reduction Association

International Police Association

Mentor Foundation

Organisation of the Families of Asia and the Pacific

Pax Romana

Release (United Kingdom)

Therapy Center for Dependent Individuals (KETHEA) (Greece)

Transform Drug Policy Foundation (United Kingdom)

Roster

Beckley Foundation (United Kingdom)

Supporters

(Organizations without consultative status but who wish to be listed in support of the statement)

Member organizations of the VNGOC

Anti-Drug Association (Serbia)

Associacao de Reabilitacao de Toxicodependentes de Macau

Association Française pour la Réduction des risques liés aux usages de drogues

Australian National Council on Drugs

Centros de Integracion Juvenil (Mexico)

Dianova Portugal

Diogenis Association, Drug Policy Dialogue in SE Europe**

Europe Against Drugs**

European Cities Against Drugs

European Federation of Therapeutic Communities

Euro-TC

Forum Droghe (Italy)

Foundation for a Drug Free Europe

Harm Reduction Coalition (United States of America)**

International Doctors for Healthier Drug Policies

International Drug Policy Consortium**

México Unido contra la Delincuencia A.C.

New Zealand Drug Foundation

Rebirth Society (Islamic Republic of Iran)

Students for Sensible Drug Policy (United Kingdom of Great Britain and Northern Ireland Branch)

Ugandan Youth Development Link

Washington Office on Latin America**

Wellbeing Foundation (India)

WOCAD (Sweden)

Youth Organisations for Drug Action

Youth Power Nepal

Affiliates of VNGOC member organizations wishing to support the statement

Aksion Plus (Albania)

Chilean Medical Association

Comunita di Venezia (Italy)

De Kiem (Belgium)

Drug Policy Alliance (United States of America)

Espolea (Mexico)

Iglesia Evangélica Protestante de El Salvador

Magdaléna, o.p.s. (Czech Republic)

Red Americana de Intervención sobre Situaciones de Sufrimiento Social

Scottish Drugs Forum

Suedwind (Austria)

Vienna Alliance of NGOs for Crime Prevention and Criminal Justice

** Organizations recommended to ECOSOC for special consultative status by the Committee on NGOs at its meeting in January 2013.

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Item 4 of the provisional agenda*
General debate of the high-level segment: progress achieved and challenges in implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Statement submitted by the Academic Council on the United Nations System**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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** The present statement is reproduced in the form in which it was received.

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Statement submitted by the Academic Council on the United Nations System

We note with satisfaction that the contribution of the Executive Director (UNODC/ED/2014/1) touches upon many elements of concern to the Academic Council on the United Nations System.

- Evidence-based *programmes to reduce the adverse effects of injecting drugs — needle and syringe programmes and opioid substitution therapy* — have resulted in the decline of unsafe drug use and the spread of HIV.
- Treatment based on scientific evidence and respectful of human rights is an alternative to criminal justice sanctions and *detention centres*.

The Executive Director pointed out that compulsory treatment and punitive measures in the name of treatment are still common practice in some countries. Stigmatization, discrimination and human rights violations are common problems faced by people who illicitly use drugs and people who are dependent on drugs and are living with HIV/AIDS, discouraging them from seeking the health and social services they need.

- Controlled substances continue to cause less harm at the global level than uncontrolled substances such as tobacco or alcohol.
- The Conventions are *not about waging a "war on drugs"*. They cannot be interpreted as a justification for a prohibitionist regime. The high-level review could be used to reconfigure and balance the drug control system focusing on health and respect for human rights, emphasizing evidence-based prevention and treatment and giving consideration to the needs of drug dependents.
- *The application of the death penalty* for drug related offences has never been in the spirit of the Conventions. The United Nations Office on Drugs and Crime (UNODC) advocates the abolition of the death penalty. General Assembly resolutions call upon Member States to restrict the death penalty to "most serious crimes" which are generally not understood to include drug-related crimes.
- *Alternatives to punishment for drug use* can be an effective way to alleviate the congestion of jails, to reallocate resources to treatment and to facilitate the eventual reskilling and reintegration of drug users. Imprisonment of people for drug use increases their vulnerability to drug use disorders and diseases.
- *Understanding of the root causes of violence and the links between drug trafficking and other criminal activities such as corruption is important*. The relationship is complex and it cannot be assumed that the use of drugs automatically leads to violence.
- *Open dialogue with civil society*, creative and proactive exchange of ideas and lessons learned in combating organized crime and drugs is important. The Commission has established a set of formal and informal consultation opportunities and rules for engaging with civil society organizations.

Non-governmental organizations (NGOs) appreciate the opening of many areas of UNODC to civil society, but remain discouraged about the lack of access to the

working groups of the United Nations Convention against Transnational Organized Crime and those of the United Nations Convention against Corruption. We appreciate the improved cooperation with the substantive programmes and the civil society unit of UNODC.

NGOs also believe that there should be a greater openness to an evaluation of the new drug control regimes in various countries. As the Conventions do not require the punishment of possession, purchase or cultivation for personal use, the legislation and jurisdiction of some countries should be examined on the basis of a cost-benefit analysis regarding the use of public funds and health and social costs.

The Alliance of NGOs on Crime Prevention and Crime Prevention and the Vienna NGO Committee on Drugs believe that *UNODC should anchor itself more firmly in the 2015 Development Agenda* in relation to poverty, economic and social development, health, women, environment and peace and security.

The United Nations system might benefit from sharing experiences of UNODC's evidence-based multi-sectoral approach, for example in its alternative development projects and health-driven harm reduction schemes.

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Commission on Narcotic Drugs
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Item 9 of the provisional agenda*
Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem: follow-up to the high-level review by the Commission on Narcotic Drugs, in view of the special session of the General Assembly on the world drug problem to be held in 2016

Paper submitted by the Vienna NGO Committee for Drugs**

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.7/2014/1.
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Summary Report from the Third VNGOC Informal Civil Society Hearing

This document offers a summary of some of the main points identified at the Hearing as requiring greater attention in the preparations for and during the 2016 United Nations General Assembly Special Session (UNGASS). The Hearing was held on 12 March in conjunction with UNODC and WHO. It was co-chaired by H.E. Ambassador Khaled Shamaa, Chair of the 57th Commission on Narcotic Drugs and Michel Perron, Chair of the VNGOC and was addressed by Mr. Yury Fedotov, Executive Director of UNODC.

The hearing was structured around two panels each addressing the following themes:

- How do International Drug Control Conventions accommodate a health-based approach?
- Using 2014 momentum to get 2016 right: what specific areas of policy or practice should be further explored leading up to UNGASS 2016?

While many specific examples were provided by panel and audience participants to these points, there were general points of convergence which emerged and that provide a guide to future discussions between NGOs and with Member States. These include:

1. **There was widespread support to build a commonly understood, broad understanding of what a health-based approach should be in the context of drug control**

   The International Drug Control Conventions (Conventions) have as their raison d'être the protection of the health and welfare of mankind. The WHO definition of "health" provides a valuable basis for our discussions, with "health" defined as a state of complete physical, mental, and social well-being and nor merely the absence of disease or infirmity. This definition can be applied, when using a health-based approach, to individuals, affected populations, and communities.

2. **There was general agreement on the need to build more effective system-wide coherence in implementing a health-based approach to drug control**

   Many different United Nations bodies are concerned with aspects of drug control — yet not all actions among these are entirely consistent with another. There is a need to minimize policy dissonance among these institutions given that the UNGASS 2016 meeting will be addressing the issue of drug policy in a United Nations wide perspective.

   Policy coherence needs to develop in a broader context, which takes into account the relationship between cultural, social, and economic issues, for instance, the impact of social inequality on illicit and harmful drug use.

3. **A health-based approach needs to be comprehensive and balanced**

   A health-based approach needs to include an entire continuum of evidenced based services including prevention, early detection and intervention, risk and harm

reduction, treatment, rehabilitation and social reintegration and an interlinkage between them. We need to advance understanding and knowledge of a combination of approaches, which intend to minimize harm and maximize public health and readjust within existing expenditure to resource what we know works.

Balance is not just between demand and supply reduction, but also to ensure the full continuum of care is available and resourced. For instance, we must overcome a situation in which 80 per cent of the world population has no access to essential medicines. This contradicts the very purpose of the Conventions.

4. The Conventions provide flexibility for the development and expansion of health-oriented initiatives

It was acknowledged there exists a significant amount of flexibility both in terms of interpretation and application of the Conventions by Member States. This flexibility can and in some cited instances, promotes innovative practice in prevention, care, treatment and social reintegration. Further the flexibility explicitly permits the use of alternatives to conviction or punishment. However it must be said that there can be significant and competing clashes between established United Nations priorities including, inter alia, Rights of the Child, Human Rights, and Development Priorities. That said, these interrelated commitments are impacted by the Conventions and must be considered and evaluated as such.

5. Member States can exercise choices on how they enact responses to drug-related issues

There was significant discussion about the impact of certain supply reduction approaches and it was noted that Member States have the choice to de-prioritize their actions in this area. Simply put, the Conventions and weight of evidenced based health-based programmes make for a compelling position on which to place greater emphasis. A de-escalation of enforcement actions on drug users is a real and viable option being exercised by many Member States. Further where there is an inevitable interaction between the health and criminal justice systems — Member States can strive to ensure that health is at the centre of both their responses. Stigmatization and discrimination can undermine effective health-based approaches and different choices could significantly impact on this situation.

6. We still lack robust data, drawing on the evidence of a wide range of stakeholders, which can inform effective policies and interventions

Given the importance of a health-based approach — there is a compelling argument to view the application of the drug control conventions as they relate to health outcomes. This is commonly done by the WHO with regard to other substances including legal ones such as alcohol and tobacco. To ensure appropriate alignment between actions and desired outcomes, there needs to be a much enhanced evidence and data specific base to guide the development of priorities. We need to build a better understanding of outcomes of the health-based approach to inform future drug policy.

7. Going forward

The VNGOC has provided NGO expertise to the development of drug policy and practice since the early 1980s. The VNGOC, drawing on our global membership, will bring further detail and clarity to these issues towards the 2016 UNGASS. To do so, we require your help to ensure that a truly global NGO voice can be heard. Please work with us to bring the voice of your NGOs to the table.